

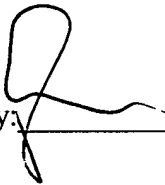


CERTIFICATE OF EXPRESS MAIL
(PATENT)

Attorney Docket No. 11738.00025
Confirmation No. 4340

Express Mail No. EV 363910346 US
Deposited October 20, 2004

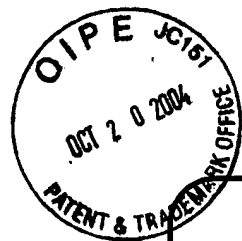
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By:  _____

Stypulkowski et al., U.S. Patent Application No. 10/001,751 for "System and method of treating stuttering by neuromodulation "

- Transmittal Form
- Fee Transmittal (in duplicate)
- Petition for Extension of Time
- Amendment (9 pages)
- Return Receipt Postcard

Banner & Witcoff, Ltd.
10 S. Wacker Drive, Suite 3000
Chicago, IL 60606
Phone: 312-463-5000
Fax: 312-463-5001

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/001,751
	Filing Date	October 31, 2001
	First Named Inventor	Paul H. Stypulkowski
	Art Unit	3762
	Examiner Name	Droesch, Kristen L.
Total Number of Pages in This Submission	Attorney Docket Number	11738.00025

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Express Mail Return Receipt Postcard		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	William J. Klein, Reg.No. 43,719
Signature	<i>William J. Klein</i> by <i>RPW</i> Reg. No. 32,168
Date	October 20, 2004

CERTIFICATE OF TRANSMISSION/MAILING

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